

EXHIBIT G

USE OF FORCE REVIEW

REPORT # 7882

REPORT DATE 7-6-04

1] Uses of force

A) Capstun..... ☐

D) Electronic..... ☐

B) Physical..... ☒

E) K-9..... ☐

1) Hands on ☒ Restraints ☐

F) Deadly Force..... ☐

C) Chemical..... ☐

2] Did staff follow proper procedures according to S.C.I. policies and procedures? yes

A) 004 sec. #1 ☒ B) 025 sec. #1 ☐

C) 027 sec. #1 ☐

3] Was inmate seen by medical? YES ☒ NO ☐

A) By whom NURSE Amy Munson

B) Comments MINOR ABRASIONS ON RIGHT TEMPLE UPPER LIP. NO FOLLOW-UP REQUIRED

4] Was staff seen by medical? YES ☐ NO ☒

A) By whom N/A

B) Comments

5] Were reports complete, answering all relevant questions? YES ☒ NO ☐

Review completed by LT. JOE ISAACS Signature LT. Joe Isaacs

Date 7/7/04
Watch Commander Apt.

Time 0545
Signature Leo C. Runt

Date 7/7/04 Time Approx 0545 AM

PLEASE FORWARD TO DEPUTY WARDEN WHEN COMPLETED

Received, SCI.

JUL 06 2004

Deputy Warden